

Rhode Island Department of Health  
Employee Health & Safety Issues/Concerns  
Log Sheet

Today's Date: \_\_\_\_\_

Name of person: \_\_\_\_\_

Phone extension: \_\_\_\_\_

Type of issue:

- ☐ Building cleanliness
- ☐ Building structural issue.
- ☐ Damage to personal item
- ☐ Parking lot
- ☐ Other (please specify): \_\_\_\_\_

Issue Description: Describe briefly the Health and Safety issue/concern(s):

Location of the Health and Safety issue/concern(s):

Date that the employee first noticed the issue/concern: \_\_\_\_\_

Was an employee injured in anyway as a result of this issue/concern?

YES

NO

If yes, please report to HEALTH Personnel to complete Worker's Compensation forms.

Would the employee like a personal response from the Health and Safety Committee Chairs on the action being taken?

YES

NO

Note: This form will be kept in a logbook maintained by the Health and Safety Committee Chair(s) and will be reviewed by the Health and Safety Committee membership at regular meetings.

Name of person completing this form: \_\_\_\_\_

Please return this form to:  
Donna Costantino or Ed D'Arezzo  
Cannon Building  
Health Human Resources, Room 402